REGISTRAR OF VOTERS TEMPORARY EMPLOYMENT APPLICATION

Types of work

- General Clerical (phones, data entry, filing)
- Review Forms
- Sort and Assemble mail pieces (involves lifting 15⁺lbs)
- Packaging of supplies and other warehouse tasks (involves some heavy lifting)
- Recruit poll workers
- Train poll workers

Pay

Hourly rates range from \$8.76-17.61, depending on knowledge and complexity of assignment

Location

Kearny Mesa office located at 5201 Ruffin Road, Suite I (on Southeast corner of Clairemont Mesa Boulevard and Ruffin Road between 163 and I-15



5201 Ruffin Rd, Ste I, San Diego, CA 92123-1620

P.O. Box 85656, San Diego, CA 92186-5656



Personnel (858) 495-5153 TDD (858) 694-3441 Mail-Stop O34

Temporary Employment Application

Political candidates or their relatives will not be employed with the Registrar of Voters. ◆
*****Must be at least 18 years of age****

Social Security Card: Must be presented at time of employment.

Nar	ne:				Date:					
	(Last		(First)	(MI)					
Ado	lress:(Nur	mber)	(Street)			(City)	(State)	(Zip)		
Pho	ne:	/		Email A	ddress:					
	(Day) (Evening)									
• Are you a political candidate or related to a political candidate? _no _yes										
• A	re you currently	employed by the	County of San l	□no □yes; Department:						
• Have you ever been employed by the County of San Diego?						□no □yes; Department:				
• Are you retired from the County of San Diego?						□no □yes; Department:				
• Are you proficient in another language other than English?						□no □yes; Language(s):				
• Are you a poll worker?					□no □yes					
• Which shifts can you work?					☐days, ☐nights, and/or ☐weekends					
• Are you willing to work overtime?					☐daily ☐weekends					
• What type of work do you prefer?										
• How did you learn of this temporary employment opportunity?										
If required by position, do you have a valid California driver's license? no yes,										
List any other job-related licenses/certificates that you may have:										
LIS	any other job-re	erated ficefises/cer	illicates that yo	u may nave.						
						or traffic violations?				
If yes, please explain: Date: Disposition of case:										
EDUCATION/TRAINING : Include education/training that demonstrates your qualifications for the desired position(s). Start with the most recent. Verification may be required for positions with specific education/training requirements.										
							DIPLOMA/I	DEGREE		
	DATES	NAME AND L	OCATION	TYPE OF	PROGRA	M OR COURSE	/CERT/U			
1										
2										
3										

EXPERIENCE: Include all employment experience for the past ten years. Start with most recent and work back. Experience may be paid or unpaid, full time or part time. Attach additional sheets if more space is needed. From: Employer Name: City/State: Phone #: Job Title:__ Supervisor Name:____ Reason for leaving: ___ Office Skills: Public Contact -- ☐ Person to Person, or ☐ Telephone \square Filing and Sorting \square Proofing \square Assembly \square Training Computer Skills: ☐ Word ☐ Excel ☐ Internet ☐ E-Mail ☐ Desktop Publishing Software ☐ Word Processing ☐ Hardware ☐ Software Typing _____WPM ☐ Mapping/Drafting/Surveying/GIS Work experience and other work skills: Employer Name: ____ Phone #: ___ From:__ To:____ City/State: _____ Supervisor Name: Job Title: Reason for leaving: Office Skills: Public Contact -- ☐ Person to Person, or ☐ Telephone ☐ Filing and Sorting ☐ Proofing \square Assembly \square **Training** Computer Skills: ☐ Word □ Excel □ Internet □ E-Mail ☐ Desktop Publishing Software ☐ Word Processing ☐ Hardware ☐ Software Typing _____WPM ☐ Mapping/Drafting/Surveying/GIS Work experience and other work skills: Employer Name: Phone #: _____ From:__ City/State: Supervisor Name:_____ Job Title: Reason for leaving: ____ Office Skills: Public Contact -- \square Person to Person, or \square Telephone \square Filing and Sorting \square Proofing \square Assembly \square Training Computer Skills: ☐ Word ☐ Excel ☐ Internet ☐ E-Mail ☐ Desktop Publishing Software ☐ Word Processing ☐ Hardware ☐ Software Typing WPM ☐ Mapping/Drafting/Surveying/GIS Work experience and other work skills:___ To:____ From: Employer Name: City/State: Phone #: Supervisor Name:_____ Job Title:_ Reason for leaving: _ Office Skills: Public Contact -- \square Person to Person, or \square Telephone ☐ Filing and Sorting ☐ Proofing \square Assembly \square Training Computer Skills: ☐ Word ☐ Excel ☐ Internet ☐ E-Mail ☐ Desktop Publishing Software ☐ Word Processing ☐ Hardware ☐ Software Typing WPM ☐ Mapping/Drafting/Surveying/GIS Work experience and other work skills: City/State: ____ From: To: Employer Name: ____ Phone #: Supervisor Name: Reason for leaving: Job Title: Office Skills: Public Contact -- □ Person to Person, or □ Telephone \square Filing and Sorting \square Proofing \square Assembly \square Training Computer Skills: ☐ Word ☐ Excel ☐ Internet ☐ E-Mail ☐ Desktop Publishing Software ☐ Word Processing ☐ Hardware ☐ Software Typing WPM ☐ Mapping/Drafting/Surveying/GIS Work experience and other work skills: Consent to Release of Information: I consent to the release of information for use in determining my eligibility, qualifications and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations to authorized employees of the County of San Diego. I hereby release you, your organization, current or previous employers, or others from liability or damage that may result from furnishing the requested information. Certificate of Application: I certify that all statements and information provided in this application and any attachments are true, and I understand that any false or misleading statements or omissions of material facts may forfeit my right to employment considerations by the County of San Diego. Your employment is contingent upon passing the required Background Check. If a 'Fail' decision is received you will not be considered for employment.

Date:

Signature:



SIGNATURE OF APPLICANT: __

EMPLOYEE RELATIONS, INC. 20720 VENTURA BLVD., SUITE 200, WOODLAND HILLS, CA 91364 TELEPHONE: (818) 593-5555 TOLL FREE: (800) 716-7773 FACSIMILE: (818) 887-0528 TOLL FREE: (888) 374-7324

WWW.EMPLOYEERELATIONS.COM™

APPLICATION CERTIFICATION AND AUTHORIZATION

Please provide the information requested below. Date of birth and social security number are collected for the sole purpose of expediting your background investigation - it is not a factor in the evaluation of your application for employment. Failure to complete the form in full, print legibly or provide a signature may recult in a delay

result iii a delay.					
FIRST NAME (PRINT):	LAST NAME (PRINT):				
ADDITIONAL/PREVIOUS NAME(S) USED:					
SOCIAL SECURITY NUMBER:	DATE OF BIRTH (MONTH/	DAY/YEAR):/			
PHONE NUMBER:	E-MAIL:				
CURRENT ADDRESS (STREET, APT #):					
CITY:	STATE:	ZIP CODE:			
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? YEARS _	MONTHS	U.S. CITIZEN: YES NO			
DRIVER'S LICENSE NUMBER:	STATE:	EXPIRATION:/			
me and may consult certain files which are available. I underetain the results of this investigation and a copy of my ap implications, or derogatory information made by me or information supplied in any application for employment, or employment or discharge. I understand that you may contact my previous employers a employment with them. In addition to authorizing the releation, I hereby fully waive any rights or claims I have, or representatives, as well as other individuals who release	plication for employment. which is revealed as a reconstruction of the required documents, and I authorize those emploase of any information regains may have, against my f	I understand that any false answers, statements esult of this background investigation based or may be considered sufficient cause for denial or yers to disclose to you all records pertinent to myrding my employment, to the extent permitted by ormer employers, their agents, employees, and			
damages that may directly or indirectly result from the use such information is favorable or unfavorable to me.	e, disclosure, or release of s	such information by any person or party, whether			
Should an investigative consumer report be obtained from Eunderstand that I have the right to receive a copy of my rep					
PLEASE PROVIDE ME A COPY OF ME AS A RESULT OF THIS APPLIC		N			
I have read and understand the Summary of Your Rights I which I acknowledge receiving, advising me that a comp inquiry into past employment, education, and activities, in driving record.	rehensive background inve	stigation may be conducted, which may include			

DATE: ___

COUNTY OF SAN DIEGO DEPARTMENT OF HUMAN RESOURCES

444 West Beech Street – 3rd Floor, San Diego, CA 92101 (619) 578-5734 / Fax (619) 578-5752

RESIDENCE HISTORY

Please provide the information below for your residence during the last SEVEN years.

Dates:		ty/County:	State/0	State/Country:	
Dates:		ty/County:	State/0	State/Country:	
Dates:		ty/County:	State/0	State/Country:	
Dates:	Ci	ty/County:	State/0	State/Country:	
CONVICTION I	DISCLOSURE		1		
to-date conviction automatically mean important consider convictions may re 1. Have you ever but you answered "you which you paid a fadjudicated in a jufollowing sections"	information as it may that you cannot be apprations. Give all the functions are convicted of an offices" provide all details refine of \$100.00 or less; uvenile court or under	estigation procedure is to a relate to the actual proportion of the pointed. The nature of the acts so that a decision ense against the law? Yes equested below for each of (2) any offense committed a Youth Offender law; (and Safety Code: 1135) is.	osition being filled. le conviction and how can be made. Failures. S No Iffense. You may omited before your 21st bir 3) marijuana-related v	A conviction does not long ago it occurred are re to disclose previous at: (1) traffic violations for thday which was finally violations of any of the	
Date	Charge	City/State	Court	Disposition of Case	
		, , , , , , , , , , , , , , , , , , ,		,	
2. Have you ever p		fense against the law? Y	/es No N/#	A	
		convicted by a general co		No N/A	
of my knowledge a	and belief. I understand	vers and statements in thi d that any untruthful, misl ent list and/or dismissal fr	eading or omission of	facts may be cause for	
Name		Signature		Date	
Name of Parent/0	 Guardian icant is under 18 years of ag	Signature		Date	